

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09786562 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3	I					
4		I				
5	I					
6		I				
7	I					
8		I				
9	I					
10		I				
11	I					
12		I				
13	I					
14		I				
15	I					
16		I				
17	I					
18		I				
19	I					
20		I				
21	I					
22		I				
23	I					
24		I				
25	I					
26		I				
27	I					
28		I				
29	I					
30		I				
31	I					
32		I				
33	I					
34		I				
35	I					
36		I				
37	I					
38		I				
39	I					
40		I				
41	I					
42		I				
43	I					
44		I				
45		I				
46	I					
47		I				
48	I					
49		I				
50	I					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		I				
52		I				
53		I				
54		I				
55		I				
56		I				
57		I				
58		I				
59		I				
60		I				
61		I				
62		I				
63		I				
64		I				
65		I				
66		I				
67		I				
68		I				
69		I				
70		I				
71		I				
72		I				
73		I				
74		I				
75		I				
76		I				
77		I				
78		I				
79		I				
80		I				
81		I				
82		I				
83		I				
84		I				
85		I				
86		I				
87		I				
88		I				
89		I				
90		I				
91		I				
92		I				
93		I				
94		I				
95		I				
96		I				
97		I				
98		I				
99		I				
100		I				
TOTAL IND.		I				
TOTAL DEP.		I				
TOTAL CLAIMS		I				